

Environmental Health Services Division

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www.kingcounty.gov/health

WATER RECREATION FACILITY PLAN REVIEW APPLICATION - 2014

Please complete the information below and submit with Plans and a completed *Plan Guide for Water Recreation Facilities* checklist to the appropriate district office listed below.

CONSTRUCTION PERMIT (check one) Make checks payable to: **SKCDPH**

- ☐ **New Pool Construction**, \$804.00 base fee for the first four hours of service payable at the time of application, plus \$201.00 per hour for service after four hours, payable at the time of final approval.
- ☐ **Renovation**, \$402.00 base fee for the first two hours of service payable at the time of application, plus \$201.00 per hour for service after two hours, payable at the time of final approval.
Renovation includes extensive changes in equipment, piping, barriers, walking surfaces, pool appurtenances, filtration equipment, mechanical equipment or pool structure.
- ☐ **Plan re-submittal**, \$201.00 per hour, payable at the time of final approval.

BRIEF DESCRIPTION OF PROPOSAL _____

PROJECT INFORMATION

Pool Facility Name _____ **email address** _____

Pool Facility Site Address _____ **City** _____ **State** _____ **Zip** _____

Mailing Address (if different) _____ **City** _____ **State** _____ **Zip** _____

Name of Property Owner _____ **Business Name** _____

Contact Person _____ **email address** _____ **Phone** (____) _____

Owner's Mailing Address _____ **City** _____ **State** _____ **Zip** _____

Architect/Engineer Name _____ **email address** _____

Architect/Engineer Business Name _____ **Phone** (____) _____

Mailing Address _____ **City** _____ **State** _____ **Zip** _____

Pool Construction Company Contact _____ **email address** _____

Pool Construction Company Business Name _____ **Phone** (____) _____

Address _____ **City** _____ **State** _____ **Zip** _____

Facility Type ☐ Pool ☐ Spa ☐ Wading Pool ☐ Spray Pool ☐ Water Park ☐ Temporary ☐ Other: _____

Operation Type ☐ Seasonal ☐ Year-Round ☐ Indoor ☐ Outdoor

☐ General Use ☐ Limited Use **Proposed Months of Operation:** _____

OFFICE USE ONLY

Permit Record ID SR _____ **PR** _____ **FA** _____ **Classification** _____

Date Submitted _____ **Reviewer** _____ **AR** _____ **IN** _____

Action Taken: ☐ Approved ☐ Disapproved ☐ Corrections sent ☐ Pending ☐ Other _____

CONTACT LOG

Date **Discussion**

If you have questions, please contact plan review:

DOWNTOWN ENVIRONMENTAL HEALTH

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Seattle, WA 98104

206.263.9566

KCPoolPlans@kingcounty.gov